

The Facts of Life:

Health Check

According to HIPAA

Agenda

- Health Check Services
- Health Check HIPAA Coding Changes
- Modifiers
- Procedure and Diagnosis Code Changes
- HIPAA Health Check Referral Codes
- HIPAA Health Check Referral Encounter Form Examples
- Health Check Billing Tips
- Contact Information

Health Check **Services**

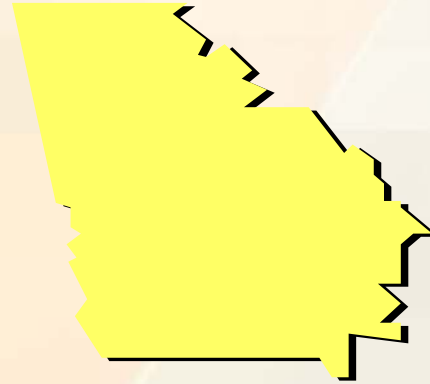
GEORGIA

Health Check only provides:

Early

Periodic

Screening



**Diagnostic and Treatment components
are provided through other DMA
programs**

Health Check

HIPAA

Coding Changes

HIPAA Administrative Simplification

- The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the DHHS to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. Adopting these standards will improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care.

MODIFIERS

TJ

- **Defined as Program Group,
Child + /or Adolescent**



- Defined as EPSDT



Procedure and **Diagnosis** **Codes**

Periodic Screening Procedures

- **As of DOS 10/1/05**
 - **Bill Preventive Medicine Procedure Codes**
 - Bill modifier '**EP**' with these codes for non-foster children
 - Bill modifiers 'EP' and 'TJ' with these codes for foster children
 - V20.2 **diagnosis code for normal screens (not N01) and** appropriate ICD-9 **for abnormal screens**

Interperiodic Vision Procedure

- **As of DOS 10/1/05**
 - **Bill Procedure Code 99173**
 - Bill modifier '**EP**' with these codes for non-foster children
 - Bill modifiers 'EP' and 'TJ' with these codes for foster children
 - V72.0 **diagnosis code for normal screens (not N01) and appropriate ICD-9 for abnormal screens**

Interperiodic Hearing Procedure

- **As of DOS 10/1/05**
 - **Bill Procedure Code** V5008, 92551–92553, 92555 or 92556
 - Bill modifier '**EP**' with these codes for non-foster children
 - Bill modifiers 'EP' and 'TJ' with these codes for foster children
 - V72.1 **diagnosis code for normal screens (not N01) and** appropriate ICD-9 **for abnormal screens**

Interperiodic Screens

- Interperiodic vision and hearing screens can be performed between screening sequence when found to be medically necessary.
- An Interperiodic vision or hearing screen can not be billed on the same date of service as a complete Health Check Screen
- Procedure and diagnosis codes are located in Appendix C of the Health Check manual
- *Note – Interperiodic Health Check Screen effective 05/01/05 (Bill Interperiodic Health Check Screen with diagnosis V70.3)*

Immunizations, TB, and Lead

- **As of DOS 10/1/05**
 - Bill Procedure Codes found in **Appendix D**
 - Bill modifier '**EP**' with these codes for non-foster children
 - Bill modifiers 'EP' and 'TJ' with these codes for foster children
 - Bill Diagnosis Codes found in **Appendix D**

HIPAA
EPSDT (Health Check)
Referral Codes

HIPAA Referral Codes

- HIPAA requires documentation of EPSDT Referral Codes when submitting Health Check Screening Code Claims. EPSDT referral codes must be documented on all screening (Health Check, Interperiodic Vision, and Interperiodic Hearing) claims.
- CMS (Centers for Medicare and Medicaid Services) defines a Health Check (EPSDT) referral as members scheduled for another appointment with the Health Check Provider or a referral to another provider for further needed diagnostic and treatment services as a result of at least one health problem identified during the Health Check screen.

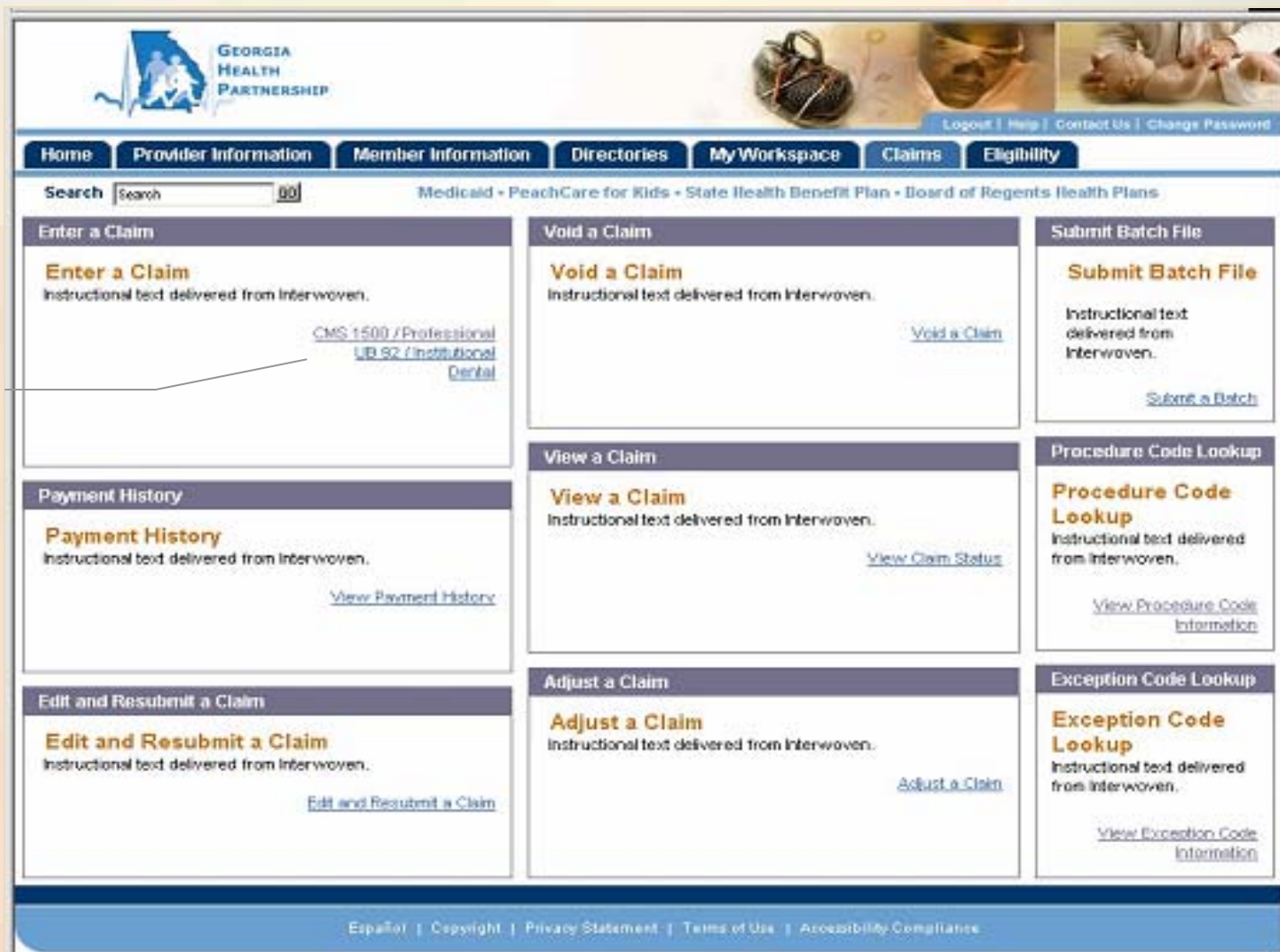
Condition Indicator

- Health Check Referral? **Document**: Yes or No
- If the Health Check screen is normal and there is no follow-up visit necessary as a result of the Health Check screen, the referral will be “no” and the appropriate Condition Indicator (NU) should be used.
- If at least one health problem identified and the member is scheduled for another appointment, the referral will be “yes” and the appropriate Condition Indicator should be used.

Condition Code

AV	Available – Not Used	The patient refused the referral
NU	Not Used	Must be used when the provider documents no referral
S2	Under Treatment	Patient is currently under treatment for referred diagnostic or corrective health problem
ST	New Service Requested	Referral to another provider for diagnostic or corrective treatment or scheduled for another appointment with screening provider for diagnostic or corrective treatment

Claims Page



The screenshot shows the Georgia Health Partnership Claims Page. At the top, there is a logo for the Georgia Health Partnership and a navigation bar with links: Home, Provider Information, Member Information, Directories, MyWorkspace, Claims, and Eligibility. Below the navigation bar is a search bar and a list of services: Medicaid, PeachCare for Kids, State Health Benefit Plan, and Board of Regents Health Plans. The main content area is divided into a 3x3 grid of boxes, each representing a different claim action. Each box has a title, a description, and a link to the corresponding action. The bottom of the page features a footer with links: Español, Copyright, Privacy Statement, Terms of Use, and Accessibility Compliance.

GEORGIA HEALTH PARTNERSHIP

Logout | Help | Contact Us | Change Password

Home | Provider Information | Member Information | Directories | MyWorkspace | **Claims** | Eligibility

Search 00 Medicaid • PeachCare for Kids • State Health Benefit Plan • Board of Regents Health Plans

Enter a Claim Enter a Claim Instructional text delivered from Interwoven. CMS 1500 / Professional UB 92 / Institutional Dental	Void a Claim Void a Claim Instructional text delivered from Interwoven. Void a Claim	Submit Batch File Submit Batch File Instructional text delivered from Interwoven. Submit a Batch
Payment History Payment History Instructional text delivered from Interwoven. View Payment History	View a Claim View a Claim Instructional text delivered from Interwoven. View Claim Status	Procedure Code Lookup Procedure Code Lookup Instructional text delivered from Interwoven. View Procedure Code Information
Edit and Resubmit a Claim Edit and Resubmit a Claim Instructional text delivered from Interwoven. Edit and Resubmit a Claim	Adjust a Claim Adjust a Claim Instructional text delivered from Interwoven. Adjust a Claim	Exception Code Lookup Exception Code Lookup Instructional text delivered from Interwoven. View Exception Code Information

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**CMS 1500
Professional**

CMS 1500 Professional Claim

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Search [GO] Medicaid • PeachCare • State Health Benefit Plan • Board of Directors | Help | Contact Us

Enter a CMS 1500/Professional Claim

Claim Data | Insurance Data | Line Item Data

[Instructions](#)

Member Information

Member ID: [] Patient Account Number: [] Date of Birth: [] Gender: ☒ Male
(mm/dd/yyyy) ☐ Female
☐ Unknown

Last Name: [] First Name: [] MI: [] Suffix: []

Practitioner Claim Data

[Add Additional Detail to Professional Claim Data](#)

Medicaid or Commercial Billing Provider ID: [] Signature on File: ☐ Yes Medicaid or Commercial Referring Provider ID: []

Related Causes Code: 1: [] 2: [] 3: []

Prior Authorization Number: [] Medicaid or Commercial Supervising Provider ID: [] Admit Date: []
(mm/dd/yyyy)

Medicaid or Commercial Facility Provider Number: [] Referral Number: [] Discharge Date: []
(mm/dd/yyyy)

Diagnosis 1: [] Diagnosis 2: [] Diagnosis 3: [] Diagnosis 4: [] Diagnosis 5: [] Diagnosis 6: [] Diagnosis 7: []

Total Charge: []

[Cancel](#)

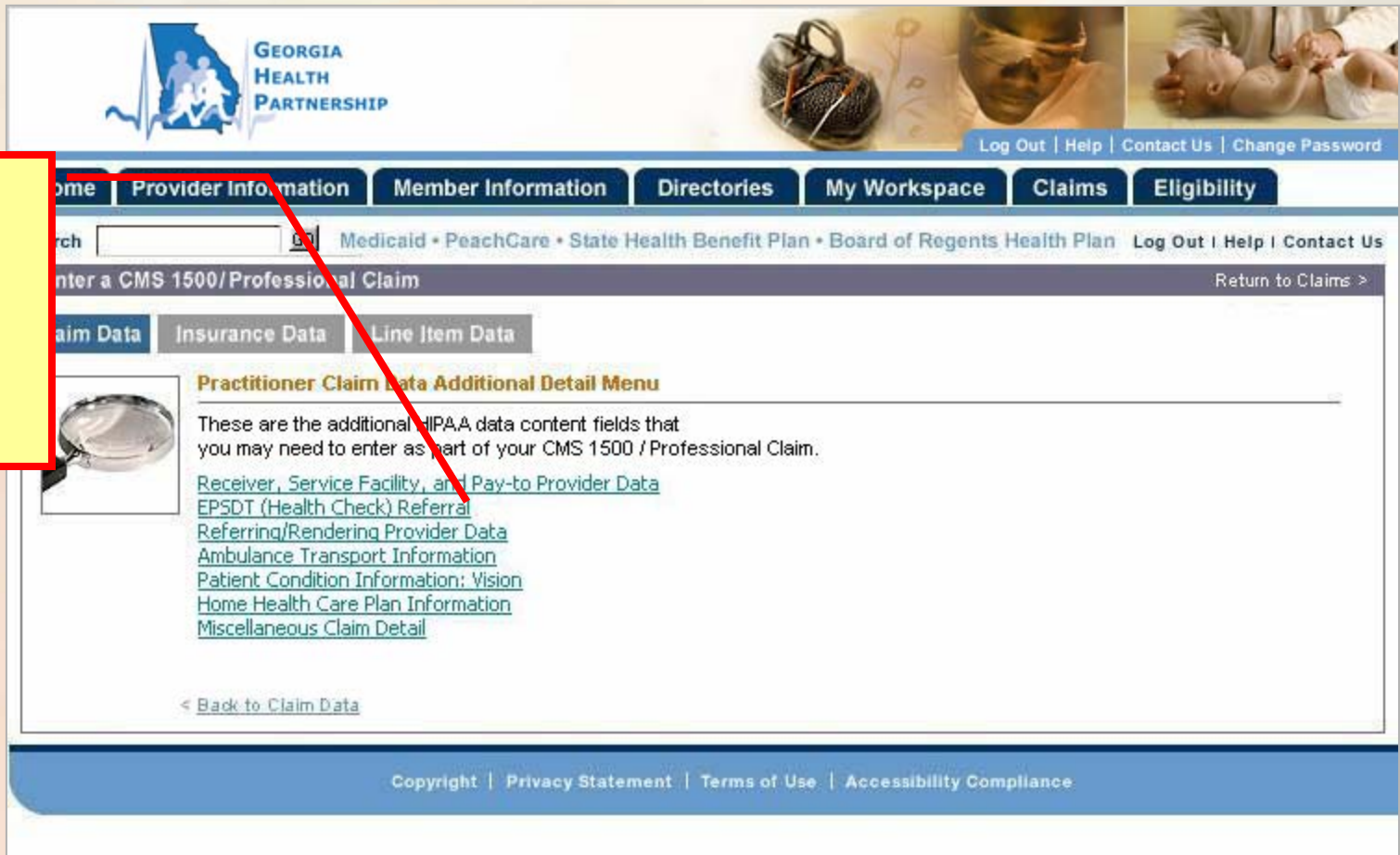
*denotes required fields [Previous](#) [1](#) [2](#) [3](#) [Next](#)

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Practitioner Claim Data

Additional Detail Menu

EPSDT
(Health
Check)
Referral



The screenshot displays the Georgia Health Partnership website interface. At the top, the logo for the Georgia Health Partnership is visible, along with navigation links: Home, Provider Information, Member Information, Directories, My Workspace, Claims, and Eligibility. Below the navigation bar, there is a search bar and a list of services: Medicaid, PeachCare, State Health Benefit Plan, and Board of Regents Health Plan. The main content area is titled "Practitioner Claim Data Additional Detail Menu" and includes a magnifying glass icon. The text states: "These are the additional HIPAA data content fields that you may need to enter as part of your CMS 1500 / Professional Claim." Below this text, a list of links is provided: Receiver, Service Facility, and Pay-to Provider Data; EPSDT (Health Check) Referral; Referring/Rendering Provider Data; Ambulance Transport Information; Patient Condition Information: Vision; Home Health Care Plan Information; and Miscellaneous Claim Detail. A red arrow points from the "EPSDT (Health Check) Referral" link in the list to the corresponding text in the yellow box on the left. At the bottom of the page, there is a footer with links for Copyright, Privacy Statement, Terms of Use, and Accessibility Compliance.

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Home | Provider Information | Member Information | Directories | My Workspace | Claims | Eligibility

Search [] GO Medicaid • PeachCare • State Health Benefit Plan • Board of Regents Health Plan Log Out | Help | Contact Us

Enter a CMS 1500/Professional Claim Return to Claims >

Claim Data Insurance Data Line Item Data

Practitioner Claim Data Additional Detail Menu

These are the additional HIPAA data content fields that you may need to enter as part of your CMS 1500 / Professional Claim.

- [Receiver, Service Facility, and Pay-to Provider Data](#)
- [EPSDT \(Health Check\) Referral](#)
- [Referring/Rendering Provider Data](#)
- [Ambulance Transport Information](#)
- [Patient Condition Information: Vision](#)
- [Home Health Care Plan Information](#)
- [Miscellaneous Claim Detail](#)

< [Back to Claim Data](#)

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Add Detail #2

EPSDT (Health Check) Referral

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Home | Provider Information | Member Information | Directories | My Workspace | Claims | Eligibility

Search GO Medicaid • PeachCare • State Health Benefit Plan • Board of Regents Health Plan Log Out | Help | Contact Us

Enter a CMS 1500/Professional Claim

Claim Data | Insurance Data | Line Item Data

EPSDT (Health Check) Referral

Certification Condition Indicator: ☐ Yes

Condition Code:

[Add to Claim and Return to Detail Menu](#) [Add to Claim and Return to Claim Entry](#)

[Back](#)

denotes required

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Document
Condition
indicator and
code

Add to Claim
and Return to
Detail Menu

HIPAA Health Check Referral Codes (Box 19)

NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
Harris, Tubman, MD

19. RESERVE FOR LOCAL USE
EPSDT Ref: N, NU

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24C BY LINE)
1. **V30.2**
2. _____
3. _____
4. _____

	A DATE(S) OF SERVICE						D Place of Service	C Type of Service	B PROCEDURES, SERVICES, OR SUPPLIES		E DIAGNOSIS CODE	F \$ CHARGES		G DAYS OR UNITS	H EPSDT Family Plan	I EMO	J COB	K RESERVED FOR LOCAL USE
	MM	DD	YY	MM	DD	YY			(Explain Unusual Circumstances)	MODIFIER								
1	10	01	03	10	01	03	00		09002		7	\$60	00	1				
2																		
3																		
4																		
5																		
6												\$60	00					

25. FEDERAL TAX I.D. NUMBER	SSN DIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (If no prov. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ \$60 00	\$ \$60 00	\$ \$60 00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made in good faith.)		32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)		33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #		
WICKERY THOMAS, MD 10-5-03				800-888-0000 Minny Moun, MD PO Box 588 Aspen, CO 80501		
SIGNED		DATE		Page 000033000 of 0000		

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE ARE)

PLEASE PRINT OR TYPE

FORM HCA-1500 (12-00) FORM RB-1500
FORM OACF 1500

HIPAA

Health Check

Referral Scenarios

Scenario 1:

- Child has come in for Health Check Interperiodic Hearing Screen and the Health Check provider finds that the child has an ear infection. The Health Check provider treats the child for the ear infection at the time of the Health Check visit and request a f/u appt with him in two weeks. What Health Check referral codes should be documented?
 - a. Health Check Condition Indicator: Y
 - b. Health Check Condition Code: S2

Scenario 2:

- Child has come in for Health Check Screen and has experienced complications with diabetes since birth. The Health Check provider treats the child for the diabetes complications at the time of the Health Check visit and does not request a f/u appt. What Health Check referral codes should be documented?
 - a. Health Check Condition Indicator: N
 - b. Health Check Condition Code: NU

Scenario 3:

- Child has come in for Health Check Screen and during screen, mother informs Health Check provider that child has behavior problems. The Health Check provider refers the child for further diagnostic testing within two weeks with a Diagnostic and Behavioral Center. What Health Check referral codes should be documented?
 - a. Health Check Condition Indicator: Y
 - b. Health Check Condition Code: ST

Scenario 4:

Child has come in for Health Check Screen and the Health Check provider finds that the child has asthma as well as some developmental problems. The Health Check provider treats the child for asthma at the time of the Health Check visit and request a f/u appt with him in two weeks, refers the child to see a Pediatric Pulmonologist within one week, and refers the child for further diagnostic testing with a Developmental and Behavioral Center. Mom refuses the Developmental and Behavioral appointment. What Health Check referral codes should be documented?

- a. Health Check Condition Indicator: Y
- b. Health Check Condition Code: S2 (for appointment with Health Check provider), ST (for appointment with Pediatric Pulmonologist), and AV (for appointment with Developmental and Behavioral Center)

HIPAA **Health Check** **Referral:**

Encounter Form Examples

Encounter Form Examples

Patient #: _____ Name: _____ DOS _____
Birth Date: _____ Insurance: _____

Office Visit

99212

Health Check

99381 99391

99382 99392

99383 99393

Procedures:

XXXXXX

XXXXXX

XXXXXX XXXXXX

Diagnosis: V20.2

Return appt: _____ S2 Refer to: _____ ST

Patient refuses: _____ AV No follow up req: √ NU

Encounter Form Examples

Patient #: _____ Name: _____ DOS _____
Birth Date: _____ Insurance: _____

Office Visit

99212

Health Check

99381 99391

99382 99392

99383 99393

Procedures:

XXXXX

XXXXX

XXXXX XXXXX

Diagnosis: Otitis media, purulent, chronic

Return appt: 10 days S2 Refer to: ENT ST

Patient refuses: _____ AV No follow up req: _____ NU

Encounter Form Examples

Patient #: _____ Name: _____ DOS _____

Birth Date: _____ Insurance: _____

Office Visit

99212

Health Check

99381 99391

99382 99392

99383 99393

Procedures:

17250

XXXXX

XXXXX XXXXX

Diagnosis: Umbilical granuloma

Return appt: _____ S2 Refer to: _____ ST

Patient refuses: _____ AV No follow up req: √ NU

Encounter Form Examples

Patient #: _____ Name: _____ DOS _____

Birth Date: _____ Insurance: _____

Office Visit

99212

Health Check

99381 99392

99382 99392

99383 99393

Procedures:

XXXXXX

XXXXXX

XXXXXX XXXXX

Diagnosis: **bronchitis**

Return appt: 10 days **S2** Refer to: _____ **ST**

Patient refuses: _____ **AV** No follow up req: ____ **NU**

Health Check Billing

What's Bundled into a Health Check Screen?

Health Check reimburses for Early and Periodic Screenings. The following are included in the reimbursement for these screens:

- 1. Unclothed physical exam**
- 2. Comprehensive health and developmental history**
- 3. Developmental assessment**
- 4. Anticipatory guidance and health education**
- 5. Measurements**
- 6. Dental/oral assessment**
- 7. Vision and hearing test**
- 8. Certain lab procedures (such as lead, Hematocrit/Hemoglobin and Urinalysis)**
- 9. Lead and TB risk assessments**

What can be billed Separate?

There are certain procedures of health check that are not bundled and provide additional reimbursement:

- 1. Immunizations**
- 2. TB test**
- 3. Interperiodic Vision**
- 4. Interperiodic Hearing**

Health Check Billing Basics

When billing a Health Check screen, be sure to include the following:

- **The from DOS and to DOS will always be the same**
- **Valid POS is 99 (unless billing with a sick visit)**
- **Be sure to use the appropriate diagnosis code and procedure code found in Appendices "B,C and D" of the Health Check manual**

Note: BLL should be billed with procedure code 36415 for reporting purposes only

Billing a sick visit with an Abnormal Health Check?

- When billing a sick visit with an **ABNORMAL** Health Check Screen, be sure to use the correct POS and link the Procedure to the correct diagnosis code (REMINDER: Bill EP modifier with all Health Check procedure codes).
- ***Note: You can only bill a lower level office visit (99201, 99211 or 99212) on same DOS as abnormal Health Check***

Health Check Billing Tips (also see App K)

- Check **Eligibility** every month
- Enter ID# as it appears in system
- Enter Mbr name as it appears in system
- Bill **POS 99** for all Health Check codes including immunizations

- Bill One Unit of Service per procedure

- DO NOT BILL OTHER SERVICES ON SAME DOS AS NORMAL HEALTH CHECK**

- Use Health Check Profile to check Health Check activity



Health Check Contacts

- **VFC** (Vaccines For Children)

–1-800-848-3868

- **GRITS** (Georgia Registry of Immunization Transactions and Services)

–1-888-223-8644

- **PeachCare For Kids**

–1-877-427-3224

- **Lead** (Georgia Childhood Lead Poisoning Prevention Program)

–1-888-247-9054

- **TB** (Tuberculosis)

–404-657-2634

- **WIC** (Women, Infants and Children Nutrition Program)

–1-800-228-9173

Contact Information

Health Check Program Specialist:
1-800-377-3557

